

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/856396** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.				↓		
TOTAL CLAIMS			1		↓	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			1					
TOTAL DEP.				↓				
TOTAL CLAIMS			1		↓			